

Alabama Board of Court Reporting
P. O. Box 241565, Montgomery, AL 36124-0066 Phone: 334.215.7233 Fax: 334.215.7231 Web Site: www.abcr.alabama.gov

VERIFICATION OF COURT REPORTING LICENSE

I, the Board of pertaining to me, to provide the information regarding final act Further, I request that this com Montgomery, AL 36124-0066	, its staff, or repre e Alabama Board of Court ions taken against my licen pleted form be sent directly	sentative having control Reporting any and all in se to practice court report to the Alabama Board	of any documents, re formation requested or orting. I of Court Reporting	cords, and other inforon this form, and any portage, P.O. Box 241565,	mation pertinent
NAME OF APPLICANT(please print): Last: First:			N	fiddle:	
Other names used in obtaining	licensure				
Date of Birth/	Social Security Numb	er:			
License Number	Issue Date:	/			
(Signature of Applicant) Current Address:					
For verification of LICENSURE Please provide exact dates.	The following section m to the Alabama Board of accepted. Any substitut verification purposes. S	Court Reporting. Veri	fications returned to quired information or	the applicant will n	ot be
State of					
Full Name of Licensee Essue Date/ Es	xpiration Date//	Method L	ericensed:		_
state?	been warned, censured, or date(s)/,	•	ner by a licensing or d	lisciplinary authority	in your No
2. Has his/her applicatio	n for initial licensure or rei	nstatement ever been de	nied or withdrawn?	Yes	No
3. Is this court reporter currently under investigation by your state board?				Yes	No
If license was obtained by exar Grades Received including spe			and the contents of the	ne written knowledge	test:
Signature	Title		Date		
E-mail	Phone		BOA	RD SEAL:	